



# Neshaminy School District

2001 Old Lincoln Highway • Langhorne, Pennsylvania 19047-3295

## M E D I C A T I O N   O R D E R

No prescribed or over the counter medication shall be dispensed unless the school has an order on file from the physician and written parental permission authorizing the school nurse to dispense the medication in accordance with the directions of the physician.

### PHYSICIAN ORDER:

Student name \_\_\_\_\_ Age \_\_\_\_\_ Date of Order \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Route \_\_\_\_\_ Time and/or frequency (be specific) \_\_\_\_\_

**CLASS TRIPS:** In the event of a class trip, this medication may be administered upon return to school or omitted.

Printed Name of physician \_\_\_\_\_ Signature \_\_\_\_\_

Address and phone number \_\_\_\_\_

Any medication administered by school personnel must be delivered to the school nurse, the school principal or his/her designee and is required to be in a container appropriately labeled by the pharmacy or a physician.

I hereby authorize the Neshaminy School District personnel to dispense a prescription or over the counter medication to my child in accordance with the policies of the Neshaminy School District. I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding this medication and my child's response.

Parent Signature \_\_\_\_\_

05/2014